

MONTANA COUNCIL OF COMMUNITY MENTAL HEALTH CENTERS
Testimony to the Joint Subcommittee on Health and Human Services
Delivered by Kathy McGowan 1/10/07

The four community mental health centers – Eastern Montana Mental Health Center, based in Miles City; Southeastern Montanan Mental Health Center, headquartered in Billings; Center for Mental Health, with its administrative office in Great Falls; and Western Montana Mental Health Center, based in Missoula, thank you for considering our analysis of the Governor's budget.

We ask that you view the Governor's budget knowing that we believe the point of delivery of mental health services belongs in the communities we serve and not in institutions. We believe, in a time of budgetary surplus, the time is right to build a delivery system that serves the people of Montana in their communities. This said, let's review the budget offered.

We lead off with our positive comments. This budget contains a much needed and long overdue cost of living increase. It contains an adjustment for Medicaid caseloads. A boost to outpatient substance abuse services also is much appreciated and overdue. The 72-hour presumptive line item has been fervently fought for and advocated by the clients we serve and the Service Area Authorities that represent these vulnerable clients. In our estimation a more realistic cost of the program to be twice what is offered in the Governor's budget.

Frankly, the disturbing part of the budget to us and others is the fact that access to care remains at the front door of our state's institutions: jails, prisons, and the State Hospital. What is missing in this budget is what you will hear about over and over again as you review the details: Additional essential funding for the Mental Health Services Plan that gives MHSP parity with Medicaid and meaningful funding for community crisis response and stabilization, accompanied with dollars for next-day care.

This proposed budget denies access to care in communities and promotes, inadvertently or not, care at the highest end of the continuum. This is not good stewardship of the state's resources nor is it in the best interests of consumers of mental health services for the appropriated funding to be spent at the highest cost of delivery.

We have been told that the Mental Health Services Plan is too expensive to fund. As you will recall, the Mental Health Services Plan is intended to provide services to folks who have a serious mental illness diagnosis and are at 150% of poverty or less. The funding for this program was seriously diminished in 2003. Since then, the census at the State Hospital has spiked. The spike has a direct relationship to funding being eliminated from Montana communities and deferred to Montana institutions.

The four community mental health centers have contributed millions of dollars in charitable care in their attempt to provide at least minimal MHSP services. Waiting lists for psychiatric care have gotten beyond ridiculous. Cutting back services have

demonstrated repeatedly to exacerbate the stress on communities in terms of law enforcement and local hospital costs. It puts additional pressures on the State Hospital and more important, it contributes to the unnecessary and very damaging health results for Montanans and their families whose point of service is at the hospital and not in a clinic.

In the 21st century the evidence based practices in health care emphasizes treatment through outpatient, prevention, early intervention. Hospitalization is reserved for the most acute care and everyone from cardiac patients to joint replacement patients find themselves discharged right on the heels of their admission. This is not only a cost-cutting benefit but we know that languishing in a hospital setting does not promote maximum healing. We also know that proper follow-up care, with the requisite therapies and prescriptive medicines, is key, as well.

It is not our intent to suggest that hospitalization is always unnecessary. It is our intent to suggest that we are wasting dollars and lives by putting our major emphasis on the back end of the mental health and corrections systems. Do any of us believe that root canals are more preferential than ongoing dental hygiene and regular care? Why, then, do we persist in delivering mental health care in this backward manner?

The community mental health centers, along with the Service Area Authorities, the sheriffs, county attorneys and others have been united in their consistent message:

- Fund the Mental Health Services Plan
- Fund 72-hour presumptive eligibility
- Fund crisis response and crisis stabilization

As the country western song goes, "That's My Story and I'm Sticking To It."

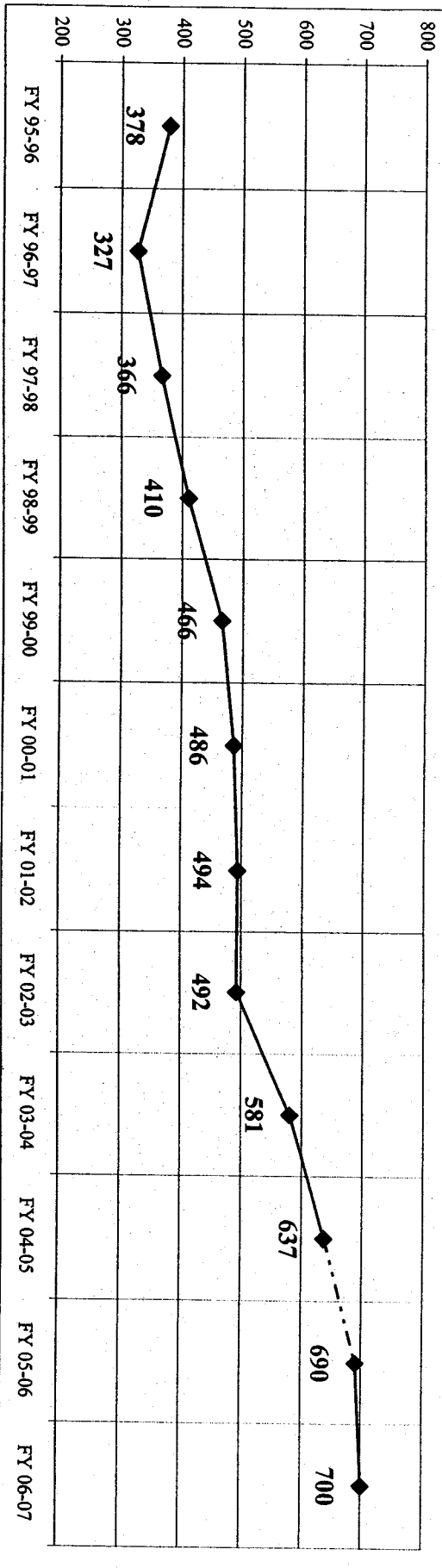
A great deal of time and energy has been put into promoting these recommendations and, frankly, we are discouraged and disappointed that at least up to this point we have not been heard. We were heartened yesterday to hear members of the subcommittee acknowledge that they do understand, Now it is time for us to work together to craft an acceptable, thoughtful roadmap.

Finally, in addressing the 72-hour presumptive eligibility piece, we request that this subcommittee be prescriptive. We believe that it should be made clear that it should be made available to mental health consumers in all Montana counties. We encourage you to prescribe that hospital emergency rooms be assured that mental health professionals will be available and paid for under this provision. Three days of crisis stabilization should be a key piece. Last, the counties and the state should agree to support consistently the same set of community services.

Admissions

	July	August	September	October	November	December	January	February	March	April	May	June	Total for Year
FY 95-96	30	39	43	32	25	33	32	30	31	21	32	30	378
FY 96-97	27	26	30	24	20	19	34	17	35	41	30	24	327
FY 97-98	25	29	31	33	20	25	31	29	30	39	34	40	366
FY 98-99	44	34	33	31	26	31	40	17	34	43	41	36	410
FY 99-00	27	40	34	38	35	23	41	35	56	44	44	49	466
FY 00-01	40	61	46	51	28	35	51	24	34	28	44	44	486
FY 01-02	41	47	35	36	34	40	39	36	46	54	42	44	494
FY 02-03	44	47	36	34	36	53	42	42	36	38	38	46	492
FY 03-04	47	56	51	55	52	38	50	43	44	41	47	57	581
FY 04-05	57	63	43	49	49	62	49	53	59	55	40	58	637
FY 05-06	60	57	51	75	41	65	41	54	61	63	61	61	690
FY 06-07	51	65	59										700
Projection for current year	612	696	700	729	682	698	669	666	673	682	686	690	

MSH Admissions
July 1995 through September 2006



Information retrieved from MT State Hospital Website